

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

8750

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1062

City Ramapo City

(No. St. Joseph's Hosp)

File No. _____

Registered No. 1128

St. _____ Ward _____

2. FULL NAME

(a) Residence No. St. Joseph's Hosp St. _____ Ward Eight Mile Mo.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 6 - 1871

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
59	1	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cass Co. Mo

10. NAME OF FATHER

Geo. P. Selegman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Martha Reid

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

14.

INFORMANT Amelia H. Selegman
 (Address) Eight Mile Mo.

15.

FILED 3/13 1930 M. M. Crowe
 REGISTRAR Asst

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1930

17. I HEREBY CERTIFY, That I attended deceased from July 5 1930 to March 17 1930 that I last saw him alive on March 17 1930, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary atherosclerosis
1890 (duration) 100 yrs. mos. da.
2:15 PM
9:40
CONTRIBUTORY (SECONDARY) Thrombosis of the aorta few
closed (2) fracture of humeral head of
closed (2) scapula (duration) _____
accident of City away team of mites

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, in his city mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 19 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) Harold Mel, M. D.
3/13 1930 (Address) 734 Acyler Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Reid Cemetery

DATE OF BURIAL

3/14 1930

20. UNDERTAKER

Rosenburg Bros & Co

ADDRESS

Harrisonville Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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